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1905

Presbyterian Medical Missions.

HOSPITAL WORK IN AFRICA.



The New Hospital and Dispensary at Batanga.

Woman's Foreign Missionary Society
Of the Presbyterian Church,
501 Witherspoon Building, Philadelphia.

HOSPITAL WORK IN AFRICA.

By V. F. Penrose.



ANY suffering ones have to be sent away with these words: 'We can do nothing for you.' Where are the doctors, men and women, of the various medical colleges? Trying to get a few cases at home while dozens are ready here to take them up? Africa may not have a great name to offer their ambition, but they might receive many a grateful 'Thank you' from a radiant face."

So Miss Christensen wrote from Benito. She had been asked to visit a sick man who had come down in a canoe from Bata, but was unable to walk. When she hesitated, for time was very precious, two old women volunteered to carry him over to her, but their own broken down bodies made her refuse this. She promised them to go as soon as the tide was good. The man was very ill, and it was "not an easy matter to handle such terrible sores as his; but some one must do it. A woman whom I treated a year ago was here last communion. * * * One of my other sick ones is a Christian, and very

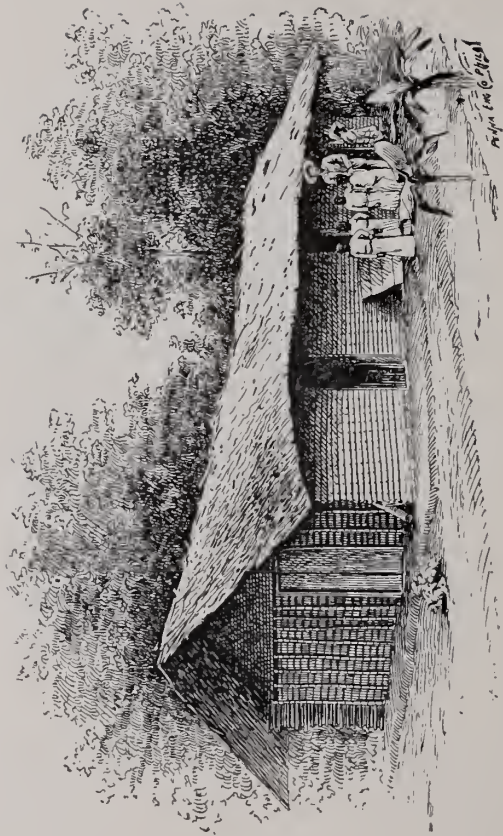
patient." Being without doctors or a hospital, Miss Christensen felt obliged to do whatever she could for the sick about her.

Dr. Nassau's experience in Africa is a "powerful argument in behalf of medical training as an important part of missionary equipment." He says, "I regard medical knowledge as almost indispensable, for the sake of the missionaries themselves, if for no other reason."



"African Medicine Man."

What is to be expected of West African doctors? The native priests are also doctors. Probably they have some drugs of medicinal value, but they think the drug is efficient only because of the spirit they associate with it, which, entering the sick person, drives out the evil spirit.



Old Hospital at Bantanga.

They use barks and leaves that certainly have medicinal value, but to no stranger will they tell from what tree they are to be obtained.

Surgery is most needed there, for of that they know nothing, nor of amputation nor the setting of a bone. The natives have frightful abscesses which ought to be opened but their doctors do not know where to cut. For a man who had accidentally been shot in the breast it was decided that the bullet should be extracted. The native doctor "made a perpendicular incision in the man's chest, extending down to the last rib, and then he cut diagonally across and actually lifted the walls of the chest and groped among the vitals for the ball. He got it. But here his surgery failed, for he sent the man to me to be sewed up. But the patient was dead!" This is one of Dr. Nassau's experiences in his forty years in Africa.

The Presbyterian Church has a dispensary at Benito, where Mrs. Reutlinger and Miss Christensen dispense medicines, there being no doctor at the station. The patients pay in part for the drugs, or if they can, for the whole.

At Batanga, which is a centre of work and a gateway to the interior, the natives built a hut, called hospital by courtesy, which has been replaced by a building with twenty-four beds, and its great pride is a cement floor. Those who know of the insect-life of Africa, and of native manners and customs, will appreciate what this floor means to the doctor in charge. A native boy, Nkumbwe, has been trained for several years as assistant and he is really

quite a good physician. Dr. R. M. Johnston has charge.

At Efulen is another small hospital where Dr. Silas F. Johnson had command until April of 1901. This hospital cost \$25.00. The medical work here is slowly gaining ground.

At Elat, Dr. A. B. T. Lippert treated 700 patients in his little hospital, seven a day being the average. His out-patients numbered 2244. He gave 68 treatments to white traders; 30 to soldiers, and 119 to missionaries. He received \$170.01. Is not that a good rate of interest on the value of the little \$25.00 hospital?

Dr. W. S. Lehman has had a dispensary at Lolodorf and has now a room for hospital. In ten months he had 2370 visits to the dispensary, which included school-boys, workmen, passing carriers, some people from a distance and some from neighboring towns. Lolodorf is a German Government Station, and white men of the Government and of the factories have paid in more than \$200.00 for his 71 visits. This money helps the medical fund and does not constitute any part of a medical missionary's salary. Dr. Lehman does not encourage these visits, but as the only physician in the region, he cannot refuse. Some think a medical missionary should treat natives only. Certainly in Africa this cannot be.

Fees in Africa are paid in various commodities—plantains, cassava, chickens, goats and curios by the natives; articles of trade and cash by the traders.

A Congregational Medical Missionary to East Africa,

says: "It is suggested that medical work may have its perils on the secular side. It would seem to me that if there is danger here, it must be in the fact that men who are not really consecrated to securing the highest good of those for whom they labor, may be more liable to be attracted to this than to other departments of missionary work, though it is certain that this danger is not confined to this department of the work."

That a missionary may be in peril from the secular side of his work is no fair argument against the need and value of the Medical Missionary, but is a matter to be guarded against in the appointment of missionaries in any branch of the Foreign Work.

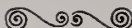
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Map of Africa.



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